
Full Name of Party Submitting This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT
OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

State of Idaho, Department of Health and Welfare,
Division of Child Support Enforcement,
Plaintiff,

vs.

_____, and

_____,
Co-Defendant(s).

Case No. _____

NOTICE OF APPEARANCE

Fee Category: I. _____

Filing Fee: \$ _____

TO: CLERK OF THE ABOVE DISTRICT COURT:

STATE OF IDAHO)
) ss.
County of _____)

I represent myself. All pleadings, motions, notices, or other papers should be served on me. I swear I served a copy:

To: State of Idaho, Department of Health and Welfare,
Division of Child Support Enforcement

(Name)

(Street or Post Office Address)

(City, State and Zip Code)

☐ By United States Mail

☐ By fax

☐ By personal delivery

☐ By overnight mail/Federal Express

To: _____
(Name) [] By United States Mail

(Street or Post Office Address) [] By fax

(City, State and Zip Code) [] By personal delivery
[] By overnight mail/Federal Express

Date: _____

Signature

Typed/Printed Name of Party

SUBSCRIBED AND SWORN to before me this _____ day of _____,
_____.

Notary Public for Idaho

Residing at: _____

My Commission expires: _____